



## **SUICIDE PREVENTION AND REPORTING**

### **POLICY.**

It is the policy of the Deschutes County Sheriff's Office – Adult Jail (AJ) to have established procedures for identifying and responding to life-threatening situations and behaviors that could increase the risk for suicide. Further, the AJ shall establish procedures in order to minimize the potential risk for those inmates identified as suicidal.

### **PURPOSE:**

The purpose of this policy is to outline procedures which govern the proper handling and reporting of inmates at risk for suicide.

### **OREGON JAIL STANDARDS:**

- B-209 Suicide Risk Screening
- B-210 Mental Health Screening
- G-105 Emergency Notification
- G-201 Screening Follow-Up

### **DEFINITIONS:**

**Behavioral Health Specialist (BHS).** A non-sworn employee of the AJ who is designated to provide behavioral health services needed during regular business hours.

**Close Supervision.** Inmates are personally observed by jail staff a minimum of once every hour with documentation.

**Constant Supervision.** Inmates receive constant one-to-one supervision by corrections staff.

**Health Trained Officer (HTO).** Corrections deputy employed at the AJ who has received specialized training in identifying persons suspected of having behavioral health disorders and in providing for the specialized needs of such inmates.

**Housing.** Suicidal inmates should not be housed or left alone unless close or constant supervision can be maintained.

**Mobile Crisis Assessment Team (MCAT).** An employee of Deschutes County Behavioral Health (DCBH) designated as a Qualified Mental Health Professional who provides after-hours and weekend behavioral health services.

**Para-suicidal Behavior.** A self-destructive act which may or may not be life-threatening but which should be taken seriously (i.e., hitting head on wall, inflicting wound with writing or eating utensil, and tying clothing around neck).

**Possibly Suicidal.** A person who is a suicide risk because he has one or more of the following conditions:

- a. A history of suicide attempts with or without current suicidal ideation.
- b. A noticeably depressed mood, with or without current suicidal ideation.
- c. Real or perceived recent significant losses such as loss of spouse or loved one, job, health, or community status.
- d. Is sentenced to what the inmate considers to be an intolerably long term; or
- e. The inmate's job, community standing, religion, or other factor demonstrates an usually high degree of embarrassment or guilt due to the arrest or incarceration.

**Protected Health Information (PHI).** In regard to inmates, it is health information that is created or received by the jail which relates to:

- a. the past, present or future physical or behavioral health of an inmate;
- b. the provision of health care to an inmate; or
- c. the past, present or future payment for the inmate's health care to be protected. The information must identify the inmate or provide a reasonable basis to believe the information can identify the individual. See 45 CFR 164.508.

**Psychiatric Mental Health Nurse Practitioner (PMHNP).** An employee of the AJ who is designated to provide behavioral health services required during regular business hours.

**Qualified Mental Health Professional (QMHP).** An employee of Deschutes County Behavioral Health designated as a Qualified Mental Health Professional pursuant to OAR 1309-32-040 (9) who provides after-hours and weekend behavioral health services.

**RiskWatch.** The RiskWatch is a wrist worn, battery operated, vital signs monitoring device. The RiskWatch sends monitoring data to a computer running AliveLock Monitoring software.

**Self Harm Prevention Plan.** A mutually agreed upon course of action between an inmate and behavioral health professional to support behavioral health stability during incarceration. This safety plan will not take the place of appropriate, in-person, periodic monitoring.

**Suicide.** The intentional taking of one's life. In correctional settings, death by hanging is the most common form of successful suicide.

**Suicide Prevention Cell.** A cell where a camera and close supervision may be maintained by a corrections deputy.

**Suicidal Ideation.** Having thoughts of taking one’s life. Suicidal ideation can occur without specific plan or intent to act on these thoughts.

**Suicide in Progress.** A self-destructive act which will result in serious bodily harm and/or potential death without intervention by jail medical and corrections staff.

## **PROCEDURES.**

### ***SECTION A: KEY COMPONENTS OF THE SELF HARM PREVENTION PLAN***

**A-1. Identification.** Early identification of suicidal inmates is the most crucial factor in successful intervention. The Health Trained Officer will complete the *Pre-Booking Questionnaire Form No. 500* and observe arrestees for situational and behavioral risk factors that may indicate potential for suicide. The [\*Intake Medical Screen Form No. 501\*](#) is completed by the HTO or nursing staff and offers appropriate questions to determine if intervention is needed to prevent self harm.

a. Situational and Behavioral Risk Factors:

1. First 48 hours of incarceration (with the first 3 hours being the most critical).
2. Inmate is under the influence of alcohol or drugs.
3. Inmate makes suicidal statements or gestures.
4. Inmate has known history of suicide attempts, with or without current suicidal ideation.
5. Recent significant losses, such as loss of spouse or loved one, job, health, or status.
6. Inmate is a high-profile person in the community.
7. Inmate exhibits noticeably depressed mood, anxiety, emotional distress, agitation, psychosis, or impulsivity, with or without current suicidal ideation.
8. Crime that produces guilt or shame (i.e., sex offense, or embezzlement).
9. Known family history of suicide.
10. Following adjudication, when inmate is returned to facility from court and has received an inordinate lengthy sentence in the opinion of the inmate.
11. Significant changes in mood, behavior or appearance (i.e., social withdrawal, difficulty thinking, concentrating, apparent preoccupation, overwhelming guilt or remorse). An inmate may give away possessions or commissary.

b. Identifying and recognizing situational and behavioral risk factors in the first 48 hours is critical. However, risk of self-harm may continue for two weeks and up to 4 months after initial incarceration.

**A-2. Admission Acceptance of Possibly Suicidal Inmates.** If the HTO determines during pre-booking that the arrestee is a potential suicide risk, they will contact jail behavioral health staff if one is on duty. If jail behavioral health staff is unavailable, the shift supervisor must determine the need to contact MCAT based on a “reasonable” assessment for the situation. Unless someone is suicidal and will not agree to any safety precautions, has made

a recent suicide attempt, or will not contract to any safety precautions we have access to in this facility, they will not meet the criteria for hospitalization.

If the shift supervisor does not feel an individual will be safe with full precautions and/or other accessible in-house services, MCAT should be contacted.

MCAT staff should complete an in-person evaluation within one (1) hour of notification. Following a behavioral health evaluation, if the arrestee is appropriate for admission to the AJ, MCAT staff will recommend to corrections staff appropriate housing assignments and suicide precautions. MCAT staff will make appropriate notes and instructions to jail staff in the inmate's JMS file. The *Intake Medical Screening Form* will be reviewed by nursing staff and information will be given to jail behavioral health staff for follow up if self-harm potential is assessed in inmate.

- A-3. Admission Denial of Possibly Suicidal Inmates.** If jail behavioral health staff, MCAT staff or the shift supervisor determines that the arrestee is a danger to self or others and in need of immediate treatment, admission to the AJ will be denied, per *DCAJ Policy [CD-10-13, Mental Health](#)*. MCAT staff will recommend the arrestee be transported to the nearest hospital.
- A-4. Housing.** Once the new arrestee is willing and able to comply with current safety precautions, the individual will be accepted into the jail by the shift supervisor. The inmate will housed with full precautions until jail behavioral health staff is on duty. Suicidal inmates should not be housed or left alone unless close or constant supervision can be maintained by deputies following the precautions set by a behavioral health professional.
- a. If the shift supervisor determines the inmate needs an evaluation by MCAT staff, the arrestee will be placed in a holding cell which allows for observation and all articles or objects that could be used for self-harm will be removed from arrestee's possession.
  - b. After a suicide attempt within the jail, the inmate must be evaluated medically and they should likely be taken to the hospital for evaluation, particularly in hanging attempts. After the arrestee has been cleared medically, the inmate will be placed under constant monitoring pending assessment by jail behavioral health staff, MCAT staff, or a hospital social worker. The behavioral health professional will provide jail staff with precaution instructions to safely house the inmate. These instructions will be entered into the inmate's JMS file.
  - c. If a current inmate makes suicidal statements, they should be placed on full precautions until jail behavioral health staff can meet with them. It is not necessary for behavioral health to meet with them immediately, as their safety will be monitored through precautions. If this occurs after hours, and the individual is willing to comply with restrictions, MCAT staff does not need to be contacted and the inmate can wait for assessment until a regularly scheduled behavioral health teammate is on duty. If a current inmate makes suicidal statements and the shift supervisor believes it is not possible to keep the inmate safe on full precautions, MCAT should be contacted to assess the individual.

- d. Each inmate placed on safety precautions will be offered the option to wear the RiskWatch/Livelock Monitoring System.
- e. Deputies will follow instructions from PMHNP, BHS, or QMHP, or qualified behavioral health professional.

Full precautions are outlined as follows:

- 15 minute checks (can increase in 5 minute increments, if necessary);
- Suicide prevention smock;
- Suicide prevention blanket(s) – up to 2 at the discretion of the shift supervisor;
- No towel;
- No socks;
- No undergarments;
- No sharps;
- Hygiene items with supervision – at the discretion of the shift supervisor
- Regular meal trays

**A-5. Monitoring.** Monitoring requirements for suicidal inmates will be documented in the inmate's JMS file by a qualified BHS. The required frequency of monitoring checks (5 to 30 minutes) will be listed, in addition to all suicide precautionary requirements (hygiene kit, suicide blanket, suicide smock, etc.). Corrections staff will follow these instructions. HTOs will log all checks on the *Inmate Round Record Form No. 402* as directed.

**A-6. Communication.** If an inmate is identified as possibly suicidal, results of the BHS assessment and recommendations will be communicated verbally to the shift supervisor and in writing in the inmate's JMS file. The BHS is responsible for communicating the inmate's status to a facility nurse when appropriate.

**A-7. Reporting.** Prompt reporting of all suicidal inmates to the appropriate parties is critical for successful intervention.

- a. Upon the identification of a suicidal inmate at pre-booking, HTOs are responsible for communicating the need for prompt behavioral health assessment to the shift supervisor and behavioral health staff. This is documented on *Pre-Booking Questionnaire Form No. 500*. Additionally, HTOs will immediately report all attempted or completed suicides to the shift supervisor and behavioral health staff. Such reports will be documented in an AJ Incident Report.
- b. Shift supervisors will promptly report all attempted suicides or completed suicides to the Corrections Captain. Such reports will be documented in an AJ Incident Report.

- c. The BHS is responsible for reporting results of behavioral health assessment and recommendations of any suicide precautions to the shift supervisor and corrections staff.

**A-8. Self-Harm Prevention Plan.** Behavioral health staff may at times use a *Self Harm Prevention Plan Form No. 516* as a means to communicate and document a mutually agreed upon course of action between an inmate and behavioral health professional to support behavioral health stability during incarceration. This safety plan will not take the place of appropriate, in-person, periodic monitoring, and is only to be used with individuals assessed as low risk. A copy of the form is provided to the inmate, and the original placed in inmate's medical file under behavioral health.

**A-9. Referrals.** Potentially suicidal inmates can be referred to local hospitals or outside behavioral health facilities upon release from the AJ. Behavioral Health staff can refer to out-patient behavioral health for continuity of care and follow-up treatment.

- a. Inmates released while under suicide precautions will be assessed for level of suicide risk upon leaving the AJ. If the PMHNP, BHS, or QMHP consider level of risk for suicide high, and:
  1. The inmate is willing to go voluntarily; the inmate will be given a courtesy ride by a Sheriff's Office deputy to an appropriate local hospital to be assessed there.
  2. The inmate is unwilling to go voluntarily, a Peace Officer Hold or a Director's Hold may be initiated and the inmate will be transported by a Sheriff's Office deputy to be assessed at an appropriate local hospital.
- b. Inmates released while under suicide precautions and assessed as low risk, will:
  1. Be given information on how to access services of DCBH if they are not already a current client.
  2. Be encouraged to contact DCBH in a timely manner. If they are a current client of DCBH, their current DCBH caseworker or DCBH Pathways caseworker will be notified of release and appropriate behavioral health information provided by BHS.

**A-10. Intervention.** The first responding corrections deputy will be in control of a suicide in progress until medical personnel arrive. Deputies will make all reasonable efforts to ensure the safety of inmates and attending staff.

- a. The deputy will notify the Control Center and request immediate 911/EMT assistance.
- b. The deputy will request on-site medical personnel to respond to the scene.
- c. If suicide by hanging, the deputy(s) will cut down the inmate as quickly as possible. Location of the "cut-down tool" should be known by all corrections deputies.
- d. Until EMTs arrive, the inmate should be treated for shock, airway maintained, and in the absence of both pulse and respiration, CPR initiated. Cervical collar will be applied to inmate's neck to stabilize if appropriate.

- e. If medical attention is required:
  - 1. The deputy will notify the shift supervisor, lieutenant and Corrections Captain.
  - 2. The deputy will notify MCAT or jail BHS to complete a Behavioral Health evaluation within one (1) hour of notification.
  - 3. The inmate will be on constant supervision until the Behavioral Health evaluation and further instructions from the BHS.
  - 4. The inmate will be transported to the hospital for medical evaluation.
- f. Deputy will complete an incident report.
- g. The lieutenant will determine if a debriefing is necessary and will set the date and time for the debriefing. Behavioral Health staff will be available to assist in the debriefing process.

**A-11. Training.** Corrections deputies will receive initial training during new hire orientation on situational and behavioral risk factors of potentially suicidal inmates. Medical, behavioral health and corrections deputies will receive annual suicide prevention training.

**A-12. Notification.** Supervisors (up through the chain of command), concerned outside authorities, and family members will be notified of potential, attempted, and/or completed suicides by the Corrections Captain or designee. Behavioral Health staff will be available to assist in the notification of family members.

**A-13. Review.** All suicide attempts and completed suicides will be investigated and reviewed. Investigators will be assigned by the Corrections Captain or designee.

## **FORMS.**

- Pre-Booking Questionnaire Form No. 500
- Self Harm Prevention Plan Form No. 516
- Medical Close Supervision Housing Form No. 808
- Inmate Round Record Form No. 402